Name in Full CERTIFICATE OF DEATH County ___ Town Washington MARYLAND Died at Month Day Months Days Date Age BY REST FRIEND Color or ANSWERED Race Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed TO BE Father's Father's Name Mother's Mother's Birthplace | Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LIBRARY BUREAU ASSSIS

